The STANDARD INSURANCE

Designation of Beneficiary
Employee Group Life Insurance Program
Commonwealth of Kentucky

Standard Insurance Company
Group Policy Number: 641682-A

Please print all information. Please use black or blue ink only.

Employee Name (First, Middle Initial, Last)	Social Security Number

State Agency, School District, or Health Department (Please specify location.)

Subject to the terms and conditions of the above numbered Group Policy, I request that any sum becoming payable by reason of my death be payable to the following beneficiary(ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary previously made by me under the Group Policy.

Employee Signature (Required)	Date (Required)

Note: Beneficiary designation is not valid unless this form is signed and dated.

Beneficiary Designation/Change – Check appropriate box(es). Please print all information.

1. Primary Beneficiary

Basic Life and AD&D ( )		**Optional Life and AD&D ( )**	
Beneficiary Name (First, Middle Initial, Last)		Beneficiary Name (First, Middle Initial, Last)	
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
Social Security Number	Birthdate	Social Security Number	Birthdate
Relationship	Percentage	Relationship	Percentage

2. Contingent Beneficiary

Basic Life and AD&D ( )		**Optional Life and AD&D ( )**	
Beneficiary Name (First, Middle Initial, Last)		Beneficiary Name (First, Middle Initial, Last)	
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
Social Security Number	Birthdate	Social Security Number	Birthdate
Relationship	Percentage	Relationship	Percentage